

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND															
1 Date of Request: <u>2-4-'02</u>		2 Serial/Patent # <u>10/018074</u>													
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT											
✓	Filing	1	12-04-01	\$ 75.00											
	Amendment			\$											
	Extension of Time			\$											
	Notice of Appeal/Appeal			\$											
	Petition			\$											
	Issue			\$											
	Cert of Correction/Terminal Disc.			\$											
	Maintenance			\$											
	Assignment			\$											
	Other			\$											
			7 TOTAL AMOUNT OF REFUND		\$ 75.00										
10 REASON:		8 TO BE REFUNDED BY:													
✓	Overpayment	✓ Treasury Check													
	Duplicate Payment	Credit Deposit A/C #:													
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
11 REFUND REQUESTED BY:															
TYPED/PRINTED NAME: <u>S. Ahmed</u>		TITLE: <u>Paralegal</u>													
SIGNATURE: <u><i>S. Ahmed</i></u>		PHONE: <u>305-3659</u>													
OFFICE: <u>PCT International, DO/EO</u>															
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****															
APPROVED: <u><i>Harvey Kucera</i></u>		DATE: <u>2/4/02</u>													

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B